#### CLAIM FOR DAMAGE, INJURY, OR DEATH

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED OMB NO. 1105-0008

1. Submit to Appropriate Federal A	gency.		and claimant's personal representative it any.		
U.S. Environmental Proto Attn: Gold King Mine Rel 1595 Wynkoop ST (MC- Denver, CO 80202-1129	ease (A8K9) Claims BRC)	Aived (6)(6)			
3. TYPE OF EMPLOYMENT  MILITARY CIVILIAN	(b)(6)	8/20 -	- 8/25/15		
<ol> <li>BASIS OF CLAIM (State in detail the cause thereof, Use additional</li> </ol>			ersons and property involved, the place of occurrence and		
	Due To	the spill we had	d to carel our.		
vacation or	id House bout, 5	porting equipment,	Jetski, and airline		
tickets on 4	he vacation we	e had planned to	rover a year ago.		
Iam look	ny-Gr Reimbur	sement of airlin	e ticket since		
We Raid for	them and did	not have insurun	ce on the tillets		
please set	attached:	PROPERTY DAMAGE This W	as un safe place to		
NAME AND ADDRESS OF OWNE	R, IF OTHER THAN CLAIMANT (Number	, Street, City, State, and Zip Code).	for Spill.		
BRIEFLY DESCRIBE THE PROPE (See instructions on reverse side).	RTY, NATURE AND EXTENT OF THE D	AMAGE AND THE LOCATION OF WHERE THE			
			Dupliale 249/1/15		
10.	PERSO	ONAL INJURY/WRONGFUL DEATH	119		
my dama	ge is \$ 1	,221.60 for	three airline		
11.		WITNESSES			
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
12. (See instructions on reverse).	Δ	MOUNT OF CLAIM (in dollars)			
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause		
			forfeiture of your rights).		
CERTIFY THAT THE AMOUNT C	F CLAIM COVERS ONLY DAMAGES A	ND INJURIES CAUSED BY THE INCIDENT AB	BOVE AND AGREE TO ACCEPT SAID AMOUNT IN		
13a.		13b, PHONE NUMBER OF (b)(6)	PERSON SIGNING FORM 14. DATE OF SIGNATURE		
		( ) ( )	8/20/15		
			ENALTY FOR PRESENTING FRAUDULENT FOR MAKING FALSE STATEMENTS		
	plus 3 times the amount of damages sus . 3729).		). (See 18 U.S.C. 287, 1001.)		
		NSN 7540 00 524 4045	CTANDADD FORM OF (DE)/ 0/000T		

INSURANCE	COVERAGE		
In order that subrogation claims may be adjudicated, it is essential that the claimant provid-	e the following information regarding the insurance coverage of the vehicle or property		
	rance company (Number, Street, City, State, and Zip Code) and policy number.		
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full cov	verage or deductible? Yes No 17. If deductible, state amount.		
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed as a claim has been filed with your carrier, what action has your insurer taken or proposed as a claim has been filed with your carrier, what action has your insurer taken or proposed as a claim has been filed with your carrier, what action has your insurer taken or proposed as a claim has been filed with your carrier, what action has your insurer taken or proposed as a claim has been filed with your carrier, what action has your insurer taken or proposed as a claim has been filed with your carrier, what action has your insurer taken or proposed as a claim has been filed with your carrier, what action has your insurer taken or proposed as a claim has been filed with your carrier, what action has your insurer taken or proposed as a claim has been filed with your carrier.	and address of insurance carrier (Number, Street, City, State, and Zip Code).		
The state of the s			
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.			
Complete all items - Insert the	word NONE where applicable.		
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.		
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.	The amount claimed should be substantiated by competent evidence as follows:  (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical.		
If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14, Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.	hospital, or burial expenses actually incurred.  (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.		
The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.	(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.		
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.	(d) Fallure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.		
PRIVACY A	ACT NOTICE		
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.  A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.	<ul> <li>B. Principal Purpose: The information requested is to be used in evaluating claims.</li> <li>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</li> <li>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</li> </ul>		
PAPERWORK RED	UCTION ACT NOTICE		

This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



## Itinerary

Carrier (b)(6)	Flight#	Departing	Arriving	Fare Code
(b)(6)				

## Receipt

Passenger	Ticket #	Fare-USD	Taxes and Carrier- imposed Fees	Ticket Total	
6)					
		352.56	54.64	407.20	
		352.56	54.64	407.20	
		352.56	54.64	407.20	1,60
Exchange			ki iki maraman barin atau dan iki marama		27/
your connecting flights  Electronic tickets are N	s, if applicable	Tickets with nonres	nal destination and provide bo strictive fares are valid for one please visit www.aa.com/refu	e year from original	Deekindula
If you purchased a Pre reservation has not ch		Schedule Change	please visit www.aa.com to e	ensure your seat	J. Do.
					X
To change your reserve	vation, please visit Custo	mer Service.		()	et

Air transportation on American Airlines and the American Eagle carriers® is subject to American's

conditions of carriage...

#### NOTICE OF INCORPORATED TERMS OF CONTRACT

Air Transportation, whether it is domestic or international (including domestic portions of international journeys) is subject to the individual terms of the transporting air carriers, which are herein incorporated by reference and made part of the contract of carriage. Other carriers on which you may be ticketed may have different conditions of carriage. International air transportation, including the carrier's liability, may also be governed by applicable tariffs on file with the U.S. and other governments and by the Warsaw Convention, as amended, or by the Montreal Convention. Incorporated terms may include but are not restricted to: 1. Rules and limits on liability for personal injury or death, 2. Rules and limits on liability for baggage, including fragile or perishable goods, and availability of excess valuation charges. 3. Claim restrictions including time periods in which passengers must file a claim or bring an action against the air carrier, 4. Rights on the air carrier to change terms of the contract. 5. Rules on reconfirmation of reservations check-in times and refusal to carry. 6. Rights of the air carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft and rerouting.

You can obtain additional information on items 1 through 6 above at any U.S. location where the transporting air carrier's tickets are sold. You have the right to inspect the full text of each transporting air carrier's terms at its airport and city ticket offices. You also have the right, upon request to receive (free of charge) the full text of the applicable terms incorporated by reference from each of the transporting air carriers. Information on ordering the full text of each air carrier's terms is available at any U.S. location where the air carrier's tickets are sold or you can click on the Conditions of Carriage button below.

If you have a customer service issue, please Contact AA...

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f in

Conditions of Carriage Status Notification Special Assistance

Flight Check-in

Flight

From:

Sent: To:

Subject:

uesday, July 21, 2015 10:14 AM

Sent from my iPhone

Begin forwarded message:

From: "American Airlines@aa.com" <notify@aa.globalnotifications.com>

Date: July 21, 2015 at 8:48:23 AM EDT

 $T_0:(b)(6)$ 

Subject: (b)(6)



Reservations Redeem Miles My Account Deals



# eTicket Itinerary & Receipt Confirmation

(b)(6)

Ticket Issued: Jul 21, 2015

Thank you for choosing American Airlines / American Eagle, a member of the oneworld® Alliance.

There has been a recent SCHEDULE CHANGE to the passenger's reservation and the current itinerary is listed below. Print and retain this document for use throughout your trip.

Please check your departure/arrival gate information prior to arriving at the airport.

Check-in options may be found at www.aa.com/options. Should you need to change your reservation, please call 1-800-433-7300 and refer to the below record locator. If you reside outside the U.S., please visit Customer Service for the AA office nearest you.

You can now Manage Your Reservation on aa.com, where you can check in and purchase additional items to customize your journey. A variety of seating options are also available for purchase to enhance your travel with features such as convenient front of cabin location, extra legroom and early boarding.

As American and US Airways merge, many changes are taking place at our airport locations. Visit Find Your Way to assist with your journey.

For faster check-in at the airport, scan the barcode below at any AA Self-Service machine.



Flight notifications on the go Update and receive notifications »

AAdvantage `

Earn 35,000 bonus miles and a free checked bag. Learn more »

Up to 35% off plus 500 AAdvantage® bonus miles per day.

AVIS Budget









(b)(6)From: Sent: Monday, August 17, 2015 10:14 AM To: Subject: FW: Reservation Cancelled Reservation Cancellation entire From: (b)(6) Sent: Friday, August 14, 2015 9:11 PM To: (b)(6) Subject: Reservation Cancelled (b)(6)Dear 4 locats We're sorry to hear you have cancelled your reservation. Your cancellation information is below. Cancellation Information (b)(6)Itinerary Number Reservation Number **Guest Name** Arrival Date Friday, August 21, 2015 Departure Date Tuesday, August 25, 2015 (b)(6) Adults / Children Accommodations 20' Baja Powerboat Cancellation Policy Cancelling within 72 hours of arrival will result in forfeiture of deposit. We sincerely hope you are able to experience (b)(6) in the near future. The next time your travels bring you to the area, we would truly enjoy having the opportunity to serve you. Sincerely, (b)(6)

(b)(6)

From:

(b)(6)

Sent: To: Monday, August 17, 2015 10:14 AM (b)(6)

To: Subject:

FW: Reservation Cancelled

From: (b)(6

Sent: Friday, August 14, 2015 9:11 PM

To: (b)(6)

Subject: Reservation Cancelled



## **Reservation Cancellation**

Dear

ar (b)(6)

We're sorry to hear you have cancelled your reservation. Your cancellation information is below.

#### Cancellation Information

Itinerary Number

Reservation Number

Guest Name

Arrival Date

Departure Date

Adults / Children

Accommodations

Cancellation Policy

(b)(6)

Friday, August 21, 2015

Tuesday, August 25, 2015

(b)(6)

PWC

Cancelling within 72 hours of arrival will result in forfeiture of deposit.

We sincerely hope you are able to experience bring you to the area, we would truly enjoy having the opportunity to serve you.

Sincerely,

(b)(6)



oj.



From:

(b)(6)

Sent:

Monday, August 17, 2015 10:14 AM

To: (b)

Subject:

FW: Reservation Cancelled

From: (b)(6)

Sent: Friday, August 14, 2015 9:11 PM

To: (b)(6)

Subject: Reservation Cancelled

(b)(6)

## **Reservation Cancellation**

Dear (b)(6

We're sorry to hear you have cancelled your reservation. Your cancellation information is below.

#### Cancellation Information

Itinerary Number

Reservation Number

**Guest Name** 

Arrival Date Departure Date Friday, August 21, 2015

Tuesday, August 25, 2015

Adults / Children (b)(6)

Accommodations

occinina dations

Cancellation Policy

19' Powerboat

(b)(6)

Cancelling within 72 hours of arrival will result in forfeiture of deposit.

We sincerely hope you are able to experience (b)(6) in the near future. The next time your travels bring you to the area, we would truly enjoy having the opportunity to serve you.

Sincerely,

(b)(6)

O C

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(b)(6)

From:

(b)(6)

Sent: To: Monday, August 17, 2015 10:14 AM

(b)(6)

Subject:

FW: Reservation Cancelled

From: (b)(6)

Sent: Friday, August 14, 2015 9:11 PM

To: (b)(6)

Subject: Reservation Cancelled



### **Reservation Cancellation**

Dear (b)(6)

We're sorry to hear you have cancelled your reservation. Your cancellation information is below.

#### Cancellation Information

Itinerary Number

Reservation Number

**Guest Name** 

Arrival Date

Friday, August 21, 2015

Departure Date

Tuesday, August 25, 2015

Adults / Children

Accommodations

(b)(6)

Cancellation Policy

65' Lake Yacht

Cancelling 60+ days prior to arrival forfeits \$100. 59-45 days before arrival forfeits \$500. Within 44 days of arrival forfeits full rental value of houseboat.

We sincerely hope you are able to experience (b)(6) in the near future. The next time your travels bring you to the area, we would truly enjoy having the opportunity to serve you.

Sincerely,





From:

(b)(6)

Sent: To: Monday, August 17, 2015 10:15 AM

(b)(6)

Subject:

FW: Reservation Cancelled

From: (b)(6)

Sent: Friday, August 14, 2015 9:11 PM

To: (b)(6)

Subject: Reservation Cancelled

(b)(6)

## **Reservation Cancellation**

Dear

(b)(6)

We're sorry to hear you have cancelled your reservation. Your cancellation information is below.

#### Cancellation Information

Itinerary Number

Reservation Number

Guest Name

Arrival Date

Departure Date

Adults / Children

Accommodations

Accommodations

Friday, August 21, 2015

Tuesday, August 25, 2015 (b)(6)

48' Navigator

(b)(6)

Cancellation Policy Once reservation is confirmed, it cannot be canceled or changed. Canceling or changing will result in full forfeiture of the reservation value.

We sincerely hope you are able to experience  $^{(b)(6)}$  in the near future. The next time your travels bring you to the area, we would truly enjoy having the opportunity to serve you.

Sincerely,

